



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## **A TO Z DEVELOPING TELEBEHAVIORAL HEALTH CAPACITY TO SERVE THE NEEDS OF YOUR PATIENTS**

**Health Centers**

**Healthy Start Programs**

**Ryan White HIV/AIDS Program Grantees and Service Providers**

**Rural Health Clinics**

**Session 3**

**Economics & Partnerships**

**June 19, 2013**



**NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE**



[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

## Today's Speakers

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Behavioral Healthcare

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## Goals of the Training

- 1: Identify for their own organization one or more telebehavioral health service models that are clinically appropriate and a pathway to sustainability;
- 2: Identify and engage the range of stakeholders necessary to successfully establish telebehavioral health services;
- 3: Coordinate their telebehavioral health activities with pertinent local, state and federal partners.



## T/TA SERIES SCHEDULE

- Session I:** Overview & Laying the Groundwork  
May 22, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session I:** Office Hours Q+A  
May 29, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session II:** State Regulatory/Reimbursement  
Topography; Engagement and Outreach  
June 5, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session II:** Office Hours Q+A  
June 12, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session III:** Economics, Partnerships  
June 19, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session III:** Office Hours Q+A  
June 26, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session IV:** Technology and Logistics  
July 17, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session IV:** Office Hours Q+A  
July 24, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session V:** Implementation  
August 7, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session V:** Office Hours Q+A  
August 14, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session VI:** Launch, Refinement, Lessons Learned  
and Wrap Up  
August 21, 2013 @ 12:00 PM EST  
Register [Here](#)
- Session VI:** Office Hours Q+A  
August 28, 2013 @ 12:00 PM EST  
Register [Here](#)



Jonathan Neufeld, Ph.D.



# **The Upper Midwest Telehealth Resource Center**

is one of 14 Telehealth Resource Centers funded by  
HRSA

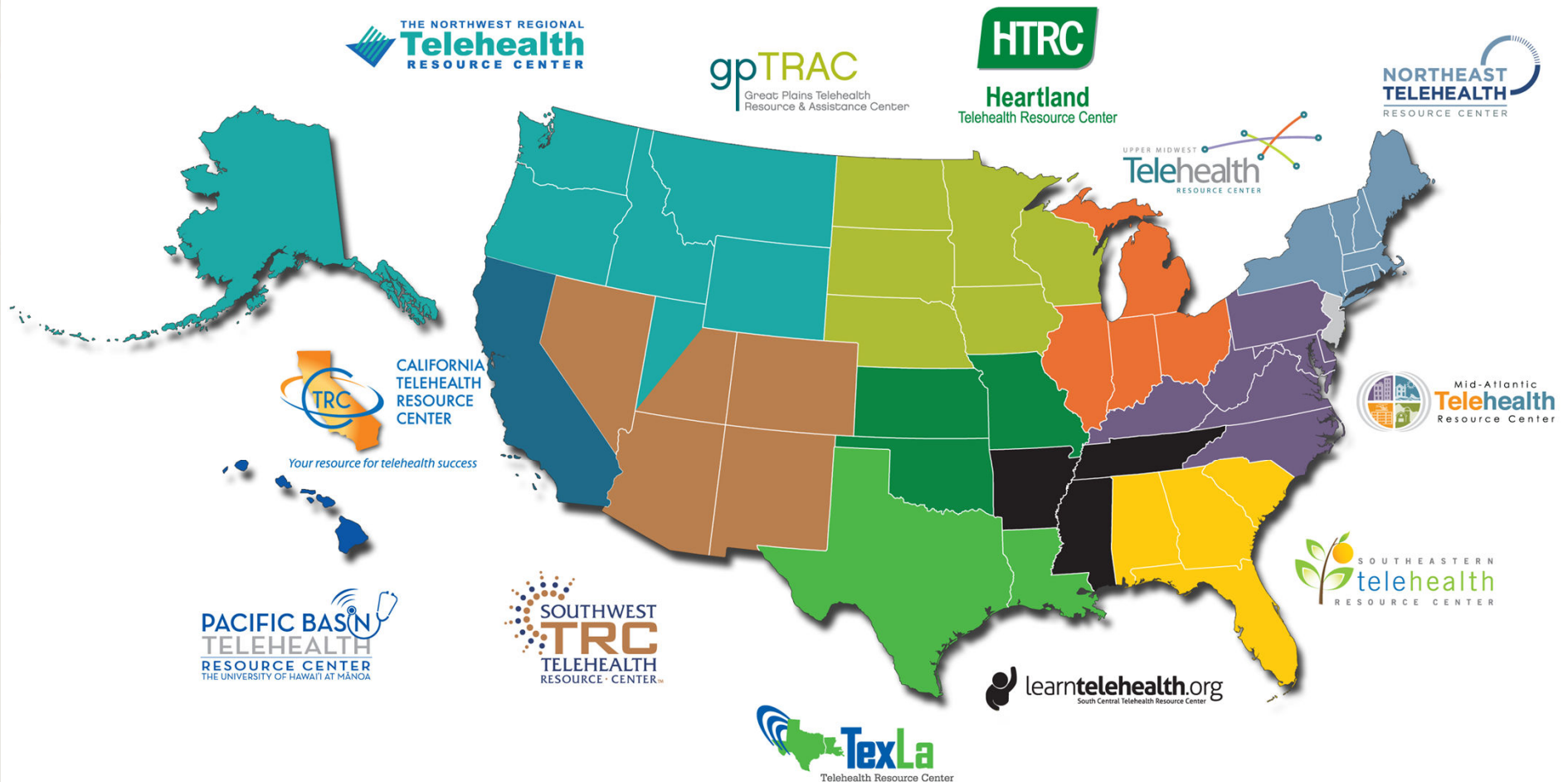
## Providing:

- Education
- Technical Assistance
- Individualized Consultation

...to foster the adoption, development, and sustainability of telehealth services.



# TelehealthResourceCenters.org



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

# Outline

- I. Billing and Reimbursement Review
- II. Viable (or Popular) Business Models
- III. Partnerships (and Other Arrangements)
- IV. Expanding Reimbursement, New Models



# Billing and Reimbursement

## I. Medicare

- Originating site must be rural and/or HPSA
- Originating site must be health care provider
- Limited number of CPT codes are covered
- Coding: CPT + “GT” modifier for professional fee
- Coding: Q3014 for facility fee (originating site)
- \*\*\*Medicare assumes originating site and provider site are two different legal entities\*\*\*



# Billing and Reimbursement

- II. Medicaid
  - Varies by state
  - Many states follow Medicare closely
  - Some cover specific services (OT/PT, Psych, etc.)
  - Coding: usually the same as Medicare



# Billing and Reimbursement

## III. Commercial

- Varies by payer
- ~20 states mandate reimbursement by commercial payers
- Several payers have national telemedicine policies
- [https://www.oxhp.com/secure/policy/telemedicine\\_policy.pdf](https://www.oxhp.com/secure/policy/telemedicine_policy.pdf)



# Telemedicine Business Models

- TM is not a service, but a delivery mechanism for health care services
  - Most TM services duplicate in-person care
  - Some services are made better or possible with TM
  - Reimbursement usually equal to “in-person” care
  - Regulations are in flux and don’t cover all possible arrangements



# Polling Question

Regarding identification of a remote partner to provide  
Telebehavioral Health services:

- We already have one
- We don't have one but know where to find one (or more)
- We think it will be difficult, but not impossible, to contract with one
- We think it will be virtually impossible to locate and contract with one

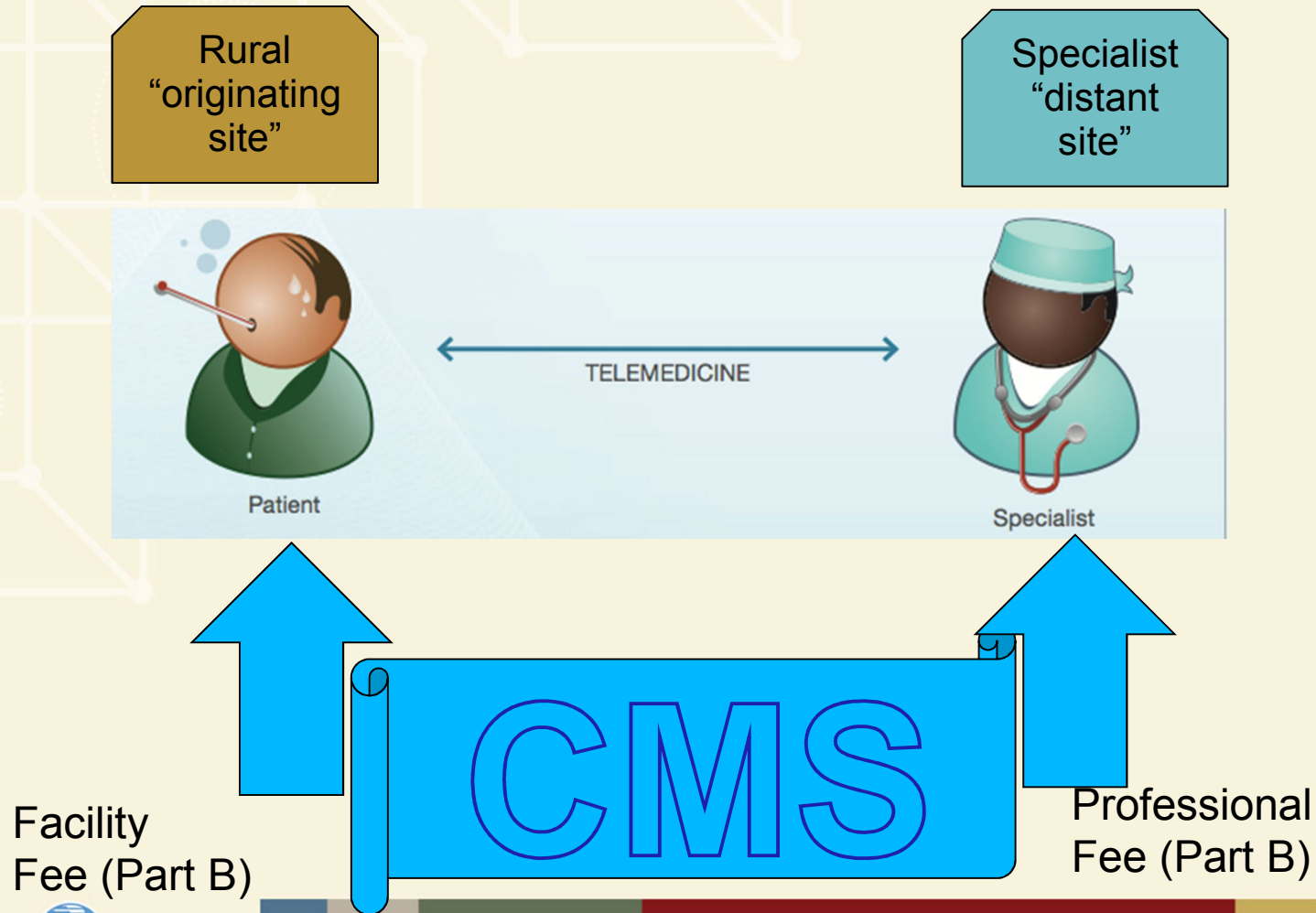


## **I. Partnering for Remote Specialists**

- Traditional “Hub & Spoke” arrangement
- (Rural) clinic schedules and presents patient
- Standard Pro-fee Payment (CPT-based) goes to Specialist (“remote site”)
- Facility fee for Patient Site (“originating site”)
  - Commonly \$22-\$25 per encounter
  - NOT the same as “facility fee” in Medicare Part A
  - Additional Pro-fee paid to originating site if a physician/APN presenter is medically necessary



# I. Partnering for Remote Specialists



## Good Partners

- Academic Medical Centers
- Tertiary Care Hospitals
- Multi-specialty Medical Groups
- Peer Health Care Provider

Key issues that commonly arise:

- Payer mix
- No-shows



# Model 1 Example – Union Clinton

## Hospital Tele-cardiology Service

- Patient presents in rural ED
- Evaluated by tele-cardiologist
  - High risk: triage and transport
  - Low risk: imaging/labs, treat, observe, re-evaluate



# **Model 1 Example – Union Clinton**

## **Tele-cardiology Service (2012)**

- 124 cases evaluated (119 kept in CAH)
- \$69,000+ in additional revenue at Clinton
  - Reduced overall treatment costs to payers
- High satisfaction for patients, families, and providers
- Direct outreach AND rural benefit

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# Alternate Model 1 – Tele-stroke

## Tele-stroke Service

- Patient presents at rural ED – identified as possible stroke
- Evaluated by tele-neurologist for t-PA
  - Imaging, labs completed
  - Live 2-way video: patient-neurologist
- Remote neurologist supervises treatment



## **Alternate Model 1 – Rural Specialists**

- Rural RHC or FQHC acts as originating site
  - Scope of services may need to be amended
- Urban medical center provides needed specialists
  - Psychiatry, Other Mental Health
  - Cardiology, Endocrinology, etc.
  - Dentistry
- Medical center bills professional fee
- Rural clinic bills facility fee



# Model 1 – Financials & Value

- Revenue Stream
  - More pts treated in rural facility
  - Greater access at rural facility
  - Outreach path to specialty site
  - Profee to specialist; facility fee to clinic
- Cost Avoidance
  - Tx cost savings for patient AND payer
  - More rapid access = reduced overall costs
  - Better access to mental health care can reduce overall medical costs
- Overall value varies for different stakeholders



## Model 2 – Specialists Stay Put

- Site-to-site within an organization
- No real “hub” or “spoke”
- Facility fees excluded (?)
- Most internal functions unchanged
- Goals:
  - Reduced travel
  - Increased capacity
  - Increased efficiency



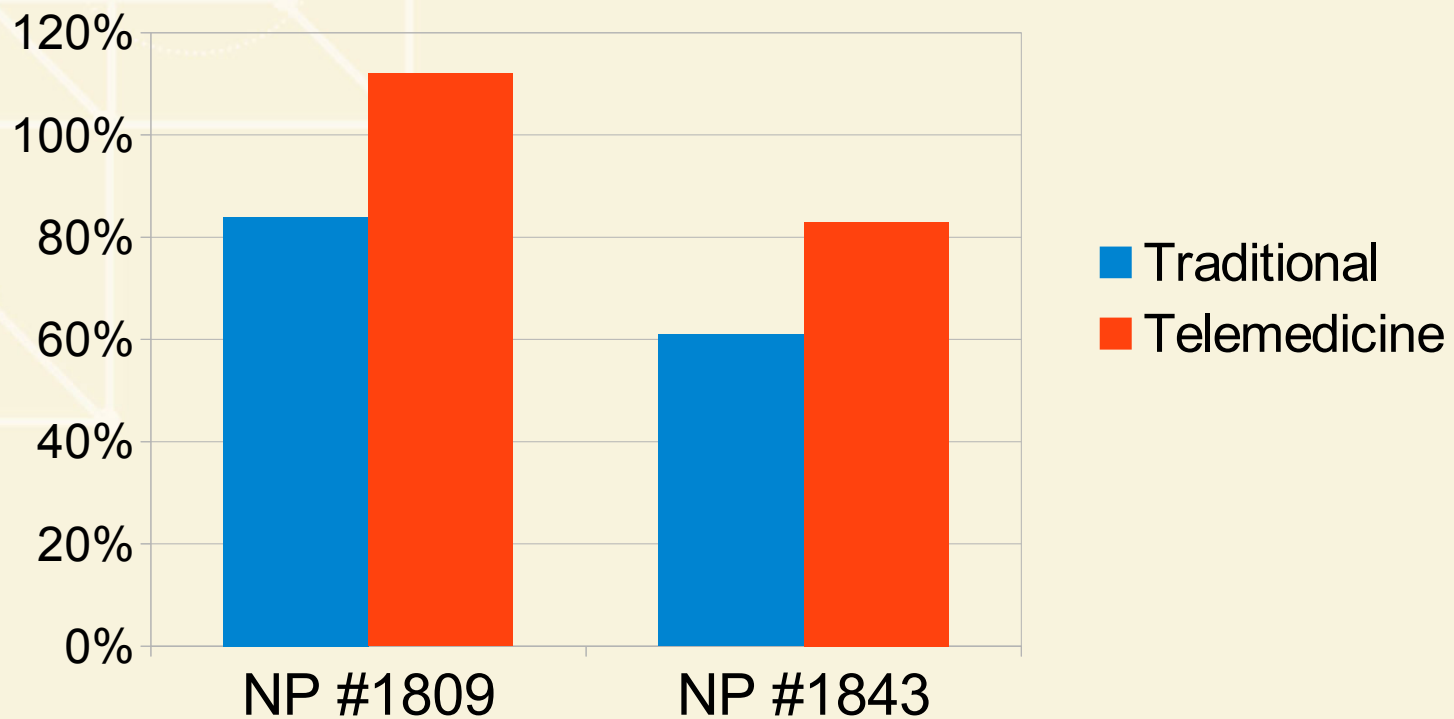
## Model 2 Example – Bowen Center

- 5 sites spread across 5 counties
- 70+ miles between furthest sites
- History of specialists driving to sites
- Project began 2009
  - 2 APNs (psychiatric NPs)
  - 2 remote clinics
  - Medication evals/re-evals by TM



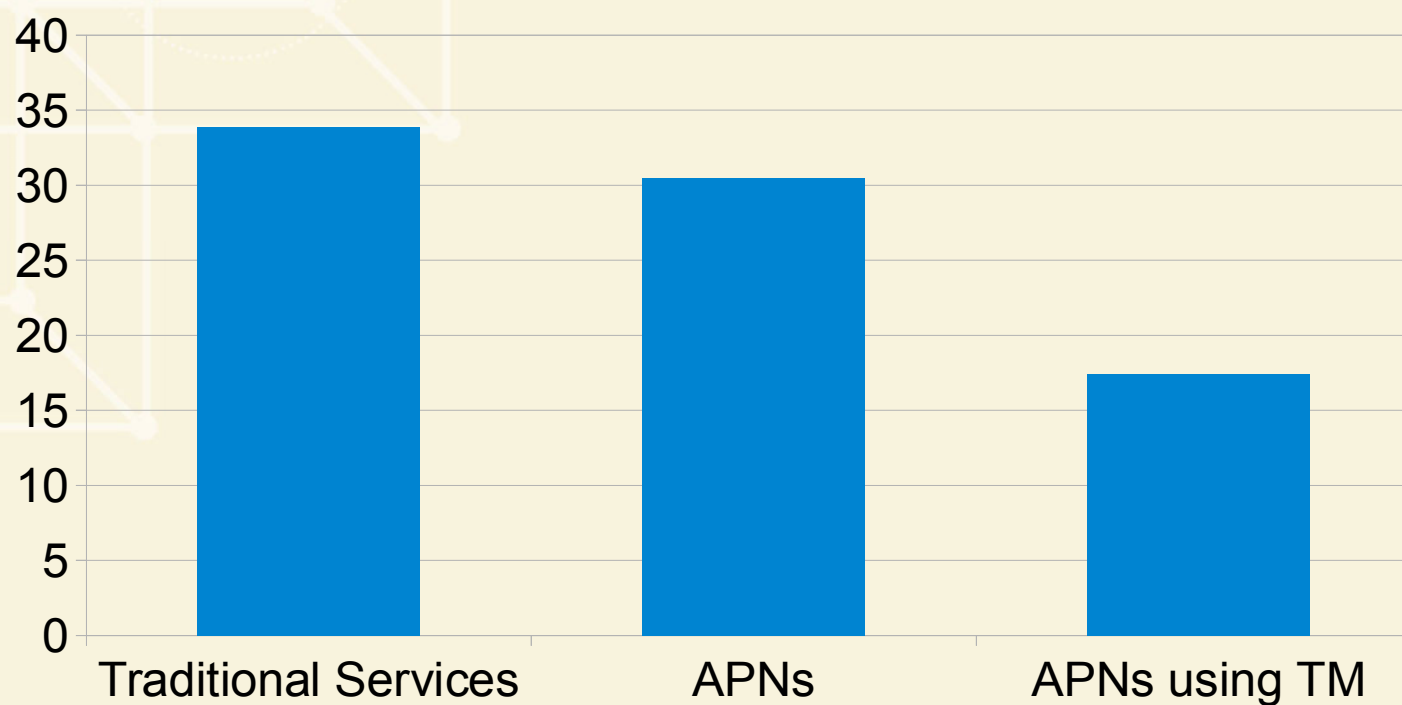
# Bowen Center Results

Scheduled Time Converted to Billable Time



# Bowen Center Results

Days to Initial Appointment



## Model 2 – Financials & Value

- Revenue
  - More services, more locations, same staff
  - Greater efficiency
- Cost Avoidance
  - Reduced travel costs (time & money)
  - Fewer no-shows, less cost per no-show
- Value is clear to primary stakeholder



## **Model 3 – Direct Remote Hiring**

- Recruit from anywhere to anywhere
- Retain staff when they move
- Requires new administrative skills, flexibility
- Key consideration: Licensure
  - Care occurs at patient site; provider must be licensed to practice in patient's state
- This arrangement is “undefined” under Medicare and most state Medicaid



## What is meant by “undefined”?

- The arrangement is compliant with all applicable regulations, but is clearly not what the regulations intend
- Both the spirit and letter of the law are upheld, but not in the way the law describes or recognizes
- Guidance from CMS and HRSA has been rare, equivocal, and contradictory



# Two Types of Remote Hiring

## “Wholesale”:

- Direct recruitment and hiring
- Two-party agreement (employ/contract)

## “Retail”:

- Use third party recruiting/staffing company

## Key to Success (in either case):

- Continuity of relationship with the tele-provider  
(for both staff and patients)



## Model 3 Example – Oaklawn

- Service locations in Goshen, Elkhart, and South Bend (2 counties)
- 2+ hours from Chicago; 3+ from Indy
- Established 3 telemedicine clinic sites and 3 provider home offices
- Providers see patients from home
- 2 in Chicago, 1 in Indianapolis
- 2 are direct hires, 1 is through a third party



## Model 3 – Financials & Value



- Revenue
  - Existing patients, services, payers
  - Increase capacity in current services or add new services
- Cost Avoidance
  - May be cheaper (and better) than other alternatives

## Model 3 – Comments

- First mover advantage
  - Services will eventually go to highest bidder
- Relationships are key
  - Flexibility with reasonable limits
- Interest in “remote work” growing in many specialties



# Polling Question

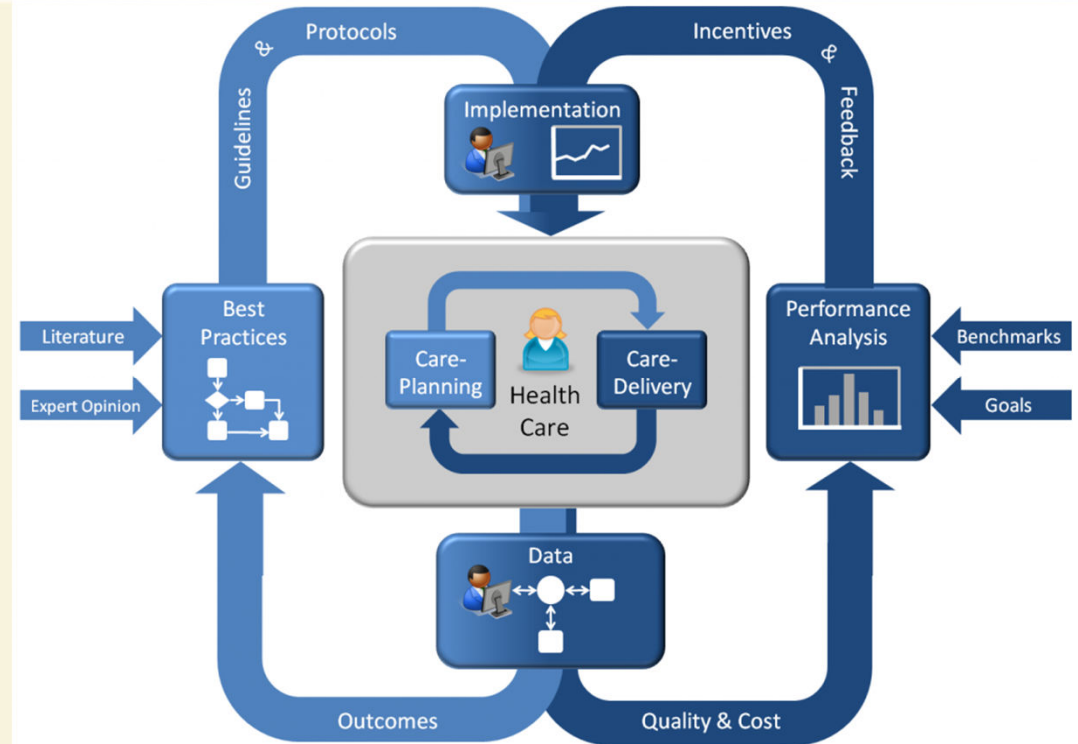
We are using, or intending to use Telebehavioral Health to:

- Serve other locations in our agency but keep specialist(s) in one location
- Contract with a specialist outside our agency to provide services within our agency
- Have our employed specialists provide services to agencies outside ours
- Hire specialists and have them telecommute from wherever they are located to our agency.



# New & Combo Models

- Payer Contracts
- PCMH
- ACO
- Work Site Clinics



**The web site:**

<http://www.integration.samhsa.gov/operations-administration/cihs-telebehavioral-health>

**The Listserv:**

All Participants will receive an email and a link to join the Listserv

**All of the presentations will be archived on the web site**



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A Life in the Community for Everyone  
**SAMHSA**  
Substance Abuse and Mental Health Services Administration

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

Please utilize the Listserv for communication on issues

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**Attend Session III Economics, Partnerships**

**When:** June 26, 2013 @ 12:00 PM EST

**Register Here:** <https://www2.gotomeeting.com/register/831277722>

**This and all webinars will be archived and available on the web site:**

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